

Women/Maternal Health

State Action Plan Table (Hawaii) - Women/Maternal Health - Entry 1

Priority Need

Promote reproductive life planning

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

By July 2020, increase the percentage of women ages 18 through 44 who had a preventive medical visit in the past year to 65% (Baseline: 2013 Behavioral Risk Factor Surveillance System (BRFSS) data 62.3%)]

Strategies

Promote women's wellness through systems building efforts

Promote pre/inter-conception health care visits

Promote reproductive life planning

ESMs

Status

ESM 1.1 - Percent of births with less than 18 months spacing between birth and next conception

Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Perinatal/Infant Health

State Action Plan Table (Hawaii) - Perinatal/Infant Health - Entry 1

Priority Need

Reduce the rate of infant mortality

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

By July 2020, increase the percent of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%)

By July 2020, increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)

Strategies

Strengthen programs that provide mother-to-mother support and peer counseling

Partner with community-based organizations to promote and support breastfeeding

Promote collaboration and networking

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Hawaii) - Perinatal/Infant Health - Entry 2

Priority Need

Reduce the rate of infant mortality

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)

Strategies

Policy Development: Implementation of safe sleep policies

Assure competent workforce

Inform, Educate, Empower: Develop appropriate and consistent parental education and general awareness safe sleep messages

ESMs

Status

ESM 5.1 - The number of languages in which safe sleep educational materials are available for Hawaii's communities.

Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Hawaii) - Child Health - Entry 1

Priority Need

Improve the percentage of children screened early and continuously age 0-5 years for developmental delay

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

By July 2020, increase the percent of children, ages 10 months through 71 months, receiving a developmental screening using a parent-completed screening tool to 41% (Baseline: 2011-2012 NSCH data 38.9%)

Strategies

Systems Development

Family Engagement and Public Awareness

Data Integration

Policy and Public Health Coordination

Social Determinants of Health and Vulnerable Populations

ESMs

Status

ESM 6.1 - Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Hawaii) - Child Health - Entry 2

Priority Need

Improve the oral health of children

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

By July 2022, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2016 NSCH data 83.1%)

Strategies

Develop program leadership and staff capacity

Develop or enhance oral health surveillance.

Assess facilitators/barriers to advancing oral health

Develop and coordinate partnerships with a focus on prevention interventions

Develop plans for state oral health programs and activities

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Hawaii) - Child Health - Entry 3

Priority Need

Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.

Objectives

By July 2023, reduce the rate of confirmed child abuse and neglect cases per 1,000 for children to 5.8 per 1,000 (New objective: baseline 6.1 in 2017)

Strategies

Raise awareness about the importance of safe and nurturing relationships to prevent child abuse and neglect.

Provide training and technical assistance to promote safe, healthy, and respectful relationships to prevent child abuse and neglect.

Collaborate on and integrate child wellness and family strengthening activities and programs.

Develop child abuse and neglect surveillance system

Adolescent Health

State Action Plan Table (Hawaii) - Adolescent Health - Entry 1

Priority Need

Improve the healthy development, health, safety, and well-being of adolescents

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)

Strategies

Collaboration: Develop partnerships with key community stakeholders to develop strategies to improve utilization of adolescent well care visits.

Youth and Family Engagement/Awareness: Develop common messaging to describe the value of adolescent well care visit related to prevention and intervention for youth and parents.

Product Development: Disseminate medical home materials including the Adolescent Resource Toolkit (ART) as well as consumer materials on the reasons for and the methods to access adolescent preventive services.

Workforce Development: Increase resources, training and practice improvement support for adolescent health providers to provide teen-centered, well-care visits aligned to Bright Futures

ESMs

Status

ESM 10.1 - Develop and disseminate a teen-centered, Adolescent Resource Toolkit (ART) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits

Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Children with Special Health Care Needs

State Action Plan Table (Hawaii) - Children with Special Health Care Needs - Entry 1

Priority Need

Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care.

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

By July 2020, increase the percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care to 40% [Baseline: Hawaii 37.3%, National Survey of CSHCN (NSCSHCN) 2009/10]

Strategies

Incorporate transition planning into Children and Youth with Special Health Needs Section (CYSHNS) service coordination for CYSHNS-enrolled youths and their families.

Provide education and public awareness on transition to adult health care for children/youth with and without special health care needs, and promote the incorporation of transition into planning and practices, in collaboration with state and community partners.

ESMs

Status

ESM 12.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.

Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Cross-Cutting/Systems Building

State Action Plan Table (Hawaii) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Improve access to services through telehealth

Objectives

By July 2020, 100% of Title V programs use telehealth to provide services, education, and/or training.

Strategies

Telehealth infrastructure development: - Recruit staff from Title V programs and partners to form telehealth work group. - Develop and implement policies and procedures for telehealth in Title V programs. - Develop network of telehealth sites and personnel.

Workforce development: - Develop curriculum to train staff on the use of telehealth. - Implement training for staff. - Continuously evaluate training to make improvements to curriculum. - Implement long term follow-up of trainees to determine usefulness and use of training in their work.

Service Provision: - Identify services to be provided using telehealth. - Develop, implement, and evaluate pilot programs to implement telehealth for identified service. - Expand successful pilot programs

Education/Training: - Identify education and training to be provided using telehealth. - Develop, implement and evaluate pilot programs to implement telehealth for identified education and training. - Expand successful pilot programs.